

## Continuous Quality Improvement (CQI)

## Zostavax® catch up for adults aged 71-79 years

## prior to 31st Oct 2021

Resource created in collaboration with On the Park General Practice

|  |  |  |  |
| --- | --- | --- | --- |
| **CQI steps** | | **Ask-Do-Describe** | |
| **Data report 1 - baseline** | **First CQI meeting** | **Why do we want to change?** | |
| * Gap | With the Zostavax® catch up program for adults aged 71-79 years ending on 31/10/21, there is a need to identify eligible patients with missing shingles vaccination, to invite for clinical review and to offer vaccination where clinically indicated in the time frame to 31/10/21. |
| * Benefits | The vast majority of adults aged over 60 years in Australia have had primary infection with the varicella zoster virus (VZV) and are therefore at risk of reactivation of latent VZV, causing shingles. Whilst Zostavax® vaccine will not prevent shingles, it can reduce its severity and lessen the likelihood of debilitating and sometimes long-term effects.  According to the [Australian Immunisation Handbook (AIH),](https://immunisationhandbook.health.gov.au/) complications can occur with shingles, especially with increasing age. Post-herpetic neuralgia (PHN) is the most frequent debilitating complication (a neuropathic pain syndrome persisting for longer than 3 months). Other complications may include eye disease, neurological complications, secondary bacterial skin infection, scarring or pneumonia. Disseminated disease is more common in people who are immunocompromised and may be fatal. Therefore, routine vaccination of persons aged 70–79 years where clinically indicated is expected to obtain the greatest benefits against shingles and its complications.  For adults in the 71-79 age group who have not received their funded Zostavax® vaccination, now is the ideal time for them to be reviewed and offered a catch-up vaccination where clinically indicated, before 31st October this year.  <https://www.health.gov.au/resources/publications/national-shingles-vaccination-program-zostavaxr-fact-sheet-for-vaccination-providers> |
| * Evidence | For all adults from 70 years of age, shingles vaccine, available as Zostavax® is funded under the National Immunisation Program.  <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule>  The lifetime risk of reactivation of varicella-zoster virus (VZV) is about 50%. It affects half of people who live to 80 years of age.  More than 97% of older people in Australia are seropositive to varicella-zoster virus (VZV) from previous natural infection, even if they cannot recall having varicella at a younger age.  <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster>  The Shingles Prevention Study assessed efficacy in >38,000 subjects aged 60 years and older and found that Zostavax® reduced the risk of shingles by 51.3 per cent and the risk of post-herpetic neuralgia (PHN) by 66.6 per cent. Shingles can still occur in people who have received the vaccine, but it is likely to be milder and less likely to result in PHN. One dose of the vaccine is thought to be protective for approximately 5-10 years, and possibly longer. Studies to monitor the duration of protection of the vaccine are being undertaken.  Vaccination with Zostavax® is therefore a safe and effective way to protect this age group where clinically indicated from the debilitating effects of shingles at no cost to them.  <https://www.health.gov.au/resources/publications/national-shingles-vaccination-program-zostavaxr-fact-sheet-for-vaccination-providers>  **Please be aware that shingles vaccination is not suitable for everyone,** clinicians can review guidelines on use of Zostavax® including important contraindications and precautions in the Australian Immunisation Handbook.  <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster> |
| **What** do we want to change? | |
| * Topic | Eligible patients aged 71 to 79 years offered funded Zostavax® vaccination until 31/10/21. The aim is to optimise vaccination rates against shingles in this age group. |
| * Scope | All patients eligible for a single catch-up dose of Zostavax® in the 70–79-year-old age group. |
| **How much** do we want to change? | |
| * Baseline | Of our total of # patients in the 71–79-year age group, # patients have received Zostavax®, leaving a total of **# patients for follow up.** |
| * Sample | All eligible patients 71-79 years for recommended Zostavax® immunisation |
| * Target | All # outstanding patients need to be checked for eligibility and offered immunisation where clinically indicated |
| * Preparedness | All staff believe this is a priority activity for our practice and patient population, particularly as a large proportion of patients are in this age group and have chronic conditions and/or co-morbidities.  **Important to consider the precautions and contraindications outlined in the AIH for administering Zostavax® to patients who may be immunocompromised**:  <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster>  In order for your practice to meet this target, consider if more Zostavax® supplies will be required. |
| **Who** are involved in the change? | |
| * Leads   Contributors | Practice Manager and Practice Nurse  GPs/Receptionists |
| * External | GCPHN |
| **When** are we making the change? | |
| * Deadlines | Baseline data report generated by DATE  Implementation between DATE and DATE  Review meetings fortnightly |
| **How** are we going to change? | |
| * Potential solutions | * Promote Zostavax® vaccination to eligible patients in the 71-79 age group via SMS alerts, phone messages, posters, pamphlets and during patient encounters * Manage communication, recall and appointment booking system to target the # patients identified. Flag eligible patients and book with GP/RN * Flag Zostavax® during routine health assessment and GPMP visits of patients in the 71-79 age group * Check AIR records to verify Zostavax® immunisation in the target group, particularly if not undertaken in our practice. |
| * Select |  |
|  | | | |
| * **Implementation** | | * Implement | 1. Generate baseline measures to identify # patients in the target group 2. From DATE implement planned measures to effectively educate, motivate and immunise all outstanding and eligible patients by 31st October 2021. 3. Appointments for these patients will be managed as time and cost-effectively as possible e.g., incorporating their Zostavax® immunization as part of a regular scheduled appointment. 4. Implement processes to order sufficient Zostavax® and consumable supplies 5. Implement the required documentation and recording processes |
| * Record, share | Regular practice meetings, verbal, and written communication  Follow-up, documentation and recording on the # patients in the target group |
|  | | | |
| **Data Report 2**  **Comparison** | **Final CQI meeting** | **How much** did we change? | |
| * Performance |  |
| * Worthwhile |  |
| * Learn |  |
|  |  | |
| * Sustain |  |
| * Monitor |  |